MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES

ADVANCED EMT EXAMINER APPLICATION

Date of Application _____ _____

Name _____ ____   Primary Occupation _____
       Last   *First*   *Middle*

Home Address_____

Work Address_____

Social Security # _____

Home Phone # (____)_____   Work Phone (____)_____

1. Current Massachusetts certifications/registrations:

    (check all that apply and attach copy of license/certificate):

    ☐ EMT-Basic   Cert. # _____   Exp. Date _____

    ☐ EMT-Intermediate   Cert. # _____   Exp. Date _____

    ☐ EMT-Paramedic   Cert. # _____   Exp. Date _____

    ☐ Registered Nurse   Lic. # _____   Exp. Date _____

    ☐ Physician   Lic. # _____   Exp. Date _____

2. Please indicate certification/registration current or previously held in other states:

State	Level of Certification/Registration	Certification/Reg.istration#	Expiration Date

3. Has your certification, licensure, credentials, or professional privileges in Massachusetts or any other state ever lapsed, been suspended, restricted or revoked?   ☐ Yes   ☐ No   If yes, please attach a separate letter explaining the circumstances.

4. Indicate where you have worked **at least one year** as an EMT-Intermediate, EMT-Paramedic, or Registered Nurse providing direct patient care.

    Organization _____   Position _____

    Address _____

    From _____   To _____

5. How often do you use your Emergency Medical Care skills? ☐ Daily   ☐ Weekly   ☐ Monthly   ☐ Other _____
    In what capacity?_____

EDUCATIONAL BACKGROUND

6.   Where were you initially trained as an EMT-Intermediate or EMT-Paramedic?

Institution _____

Address _____

Course Coordinator _____   Course Instructor _____

Completion Date _____

7.   Where were you trained as a CPR/BLS Instructor?

Institution _____   Address _____

Course Coordinator/Instructor _____   Completion Date _____

Name of Local AHA/ARC Chapter _____

How often do you teach CPR? _____

Where do you teach CPR? _____

8.   Where were you trained as an ACLS Instructor?

Institution _____   Address _____

Course Coordinator/Instructor _____   Completion Date _____

Name of Local AHA/ARC Chapter _____

How often do you teach ACLS? _____

Where do you teach ACLS? _____

9.   Other educational background (starting with high school) not previously listed:

Name & Address of Institution	Dates Attended (To/From)	Degree, Dipl, etc.	Year Compl.

10.   Are you certified to instruct in other EMS related courses (e.g., PHTLS, PALS, BTLS, ATLS, etc.)?

☐ Yes   ☐ No   If yes, please list.

_____

_____

11.   Do you have any other affiliations or extra-curricular activities which might be relevant to your qualifications as an

Advanced EMT Examiner?   ☐ Yes   ☐ No   If yes, please indicate here_____

12. Are you currently involved in Advanced EMT training in MA.? ☐ Yes ☐ No Indicate Region: I ☐ II ☐ III ☐ IV ☐ V ☐

If yes, please answer: ☐ Initial Training Course ☐ Continuing Education

Institution _____

Address _____

Your role/position _____ Length of time _____

Your supervisor _____ His/Her Tel. # (____)_____

If you are a Massachusetts EMT Instructor/Coordinator indicate when you received your training _____

13. Please provide us with information about your last three (3) jobs. Start with your most recent job and work your way back in time. (If you have an up to date resume you may attach it in answer to question #13).

Name of Employer _____

Address _____

Your Job Title _____ Immediate Supervisor _____

Briefly describe your duties and how they relate to EMS, if applicable.

_____

_____

Reason for Leaving _____ Dates of Employment _____

Name of Employer _____

Address _____

Your Job Title _____ Immediate Supervisor _____

Briefly describe your duties and how they relate to EMS, if applicable.

_____

_____

Reason for Leaving _____ Dates of Employment _____

Name of Employer _____

Address _____

Your Job Title _____ Immediate Supervisor _____

Briefly describe your duties and how they relate to EMS, if applicable.

_____

_____

Reason for Leaving _____ Dates of Employment _____

14. Please provide the below listed information for three **personal references**. The individuals shall have known you for a minimum of one year. The below signed individuals will be vouching for your professionalism.

Reference # 1

_____ _____ _____ _____ _____ _____
First Name   Last Name   Street Address   City/Town   State   Zip Code

_____
          Signature   Date   Day Time Telephone Number

Reference # 2

_____ _____ _____ _____ _____ _____
First Name   Last Name   Street Address   City/Town   State   Zip Code

_____
          Signature   Date   Day Time Telephone Number

Reference # 3

_____ _____ _____ _____ _____ _____
First Name   Last Name   Street Address   City/Town   State   Zip Code

_____
          Signature   Date   Day Time Telephone Number

I give permission for OEMS to verify all information on this application and attachments. I also certify that all information is correct, to the best of my knowledge.

Signature of Applicant _____   Date _____

Forward application, 3 letters of evaluation (blank forms with instructions attached), a photocopy of **both sides** of your current certifications, licenses, AHA/ARC BLS Instructor certificate and ACLS Instructor certificate (if applicable), and any accompanying documents to: **Advanced EMT Examiner Training Course**

Office of Emergency Medical Services,

Roland Street, Boston, MA 02129

The Department of Public Health, Office of Emergency Medical Services has the authority to approve or deny applications for the position of EMT Examiner.

FOR OFFICE USE ONLY (OEMS Review and Recommendation):

OEMS Training Course Completed (Date) _____at _____

Internship Course Completed (Date) _____ at _____

Chief Examiner/Evaluator _____

OEMS Action _____

Date Credentials Issued _____

OEMS Signature _____